

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
UNCLASSIFIED		CONFIDENTIAL	
UNCLASSIFIED		SECRET	
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	AC/IB		
2			
3			
4			
5			
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
Remarks:			
<p>Please review your sections for accuracy as soon as possible. If O.K. as is, phone.</p> <p><i>FILE with Association Benefit Plan Folder</i></p>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
C/BSO 5E47, Hq.			
UNCLASSIFIED		CONFIDENTIAL	SECRET

FORM NO. 237 Use previous editions

(40)

Page Denied

Next 5 Page(s) In Document Denied

TRANSMITTAL SLIP

STAT
TO:

ROOM NO.

BUILDING

REMARKS:

Page 5 - Para 2
intermittent employees not
eligible -

Page 6 - para 1 & 2
must apply within 60
or 30 days - otherwise
health statement -

also, shouldn't they
be told employees must
also apply for health
insurance

STAT: M:

ROOM NO.

BUILDING

EXTENSION

FORM NO. 241
1 FEB 55REPLACES FORM 36-8
WHICH MAY BE USED.

(47)

Page Denied